Connecticut Department of Public Health

Testimony Presented Before the Public Health Committee

March 19, 2014

Commissioner Jewel Mullen, MD, MPH, MPA
860-509-7101

Senate Bill 439 – An Act Concerning The Recommendations Of The Emergency Medical Services Advisory Board

Department of Public Health (DPH) supports Senate Bill 439.

Section 2 of this bill specifies that the Emergency Medical Services (EMS) provider who holds the highest classification of licensure or certification from DPH shall be responsible for making decisions concerning patient care on the scene of an emergency call. If two or more providers on such scene hold the same licensure or certification classification, the provider for the primary service area responder shall be responsible for making such decisions. If all providers on such scene are emergency medical technicians or emergency medical responders, the emergency medical service organization providing transportation services shall be responsible for making such decisions.

The majority of the time, medical care is transferred seamlessly between different prehospital providers. Still, instances of conflict regarding patient care authority do sometimes arise. Some examples include ambulance crews being denied entry to residences to evaluate patients until fire department personnel have assessed them; ambulance crews being prohibited from approaching any motor-vehicle accident scene until fire personnel arrive; and paramedic direction regarding patient destination or transportation method (e.g. ground versus aeromedical, lights and siren versus transportation with the flow of traffic.)

At the heart of many of these conflicts has been the precise interpretation of C.G.S. Sec. 7-313e. Last modified in 1977, this statute gives the fire-officer in charge the authority to "Control and direct emergency activities at such scene" of a fire incident or "other emergency" to which they respond. While most incident commanders defer specialty decision making to the most qualified personnel available, this is not always the case and is not supported by law. This statutory authority has often been cited as justifying the previous examples of conduct that detract from appropriate patient care. We believe this legislation enhances support for the Unified Command model (as described within the Incident Command System of the National Incident Management System) while not diluting the responsibility for overall scene management and authority that rests with the fire officer in charge.

EMS provides critical emergency care functions that are often highly time-sensitive. Delays or interference with EMS providers may result in disability, suffering or death. It is essential that EMS personnel not be impeded in appropriate efforts to provide medical care and transportation. Fire and police officers are provided unfettered authority to perform their critical job functions through the provisions of Section 53a-167a which makes interfering with a police officer or firefighter in the performance of their duties a class A misdemeanor. The department believes this legislation is appropriate in placing the responsibility for the unimpeded delivery of emergency medical care as is placed on medical providers and that citizens will benefit from careful designation.

Phone: (860) 509-7269, Fax: (860) 509-7100, Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 13GRE, P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer